

§ 440.255

42 CFR Ch. IV (10–1–06 Edition)

AFDC, SSI or a State Supplementary payment) must be furnished only those services necessary to treat an emergency medical condition of the alien as defined in § 440.255(c).

(o) If the agency makes respiratory care services available under § 440.185, the services need not be made available in equal amount, duration, and scope to any individual not eligible for coverage under that section. However, the services must be made available in equal amount, duration, and scope to all individuals eligible for coverage under that section.

(p) A State may provide a greater amount, duration, or scope of services to pregnant women than it provides under its plan to other individuals who are eligible for Medicaid, under the following conditions:

(1) These services must be pregnancy-related or related to any other condition which may complicate pregnancy, as defined in § 440.210(a)(2) of this subpart; and

(2) These services must be provided in equal amount, duration, and scope to all pregnant women covered under the State plan.

[43 FR 45224, Sept. 29, 1978, as amended at 45 FR 24889, Apr. 11, 1980; 46 FR 48541, Oct. 1, 1981; 48 FR 5735, Jan. 8, 1983; 51 FR 22041, June 17, 1986; 55 FR 36822, Sept. 7, 1990; 56 FR 24011, May 28, 1991; 57 FR 29156, June 30, 1992; 58 FR 4939, Jan. 19, 1993; 59 FR 37717, July 25, 1994]

§ 440.255 Limited services available to certain aliens.

(a) *FFP for services.* FFP is available for services provided to aliens described in this section which are necessary to treat an emergency medical condition as defined in paragraphs (b)(1) and (c) or services for pregnant women described in paragraph (b)(2).

(b) *Legalized aliens eligible only for emergency services and services for pregnant women.* Aliens granted lawful temporary resident status, or lawful permanent resident status under sections 245A, 210 or 210A of the Immigration and Nationality Act, who are not in one of the exempt groups described in §§ 435.406(a)(3) and 436.406(a)(3) and who meet all other requirements for Medicaid will be eligible for the following services—

(1) Emergency services required after the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:

(i) Placing the patient's health in serious jeopardy;

(ii) Serious impairment to bodily functions; or

(iii) Serious dysfunction of any bodily organ or part.

(2) Services for pregnant women which are included in the approved State plan. These services include routine prenatal care, labor and delivery, and routine post-partum care. States, at their option, may provide additional plan services for the treatment of conditions which may complicate the pregnancy or delivery.

(c) Effective January 1, 1987, aliens who are not lawfully admitted for permanent residence in the United States or permanently residing in the United States under the color of law must receive the services necessary to treat the condition defined in paragraph (1) of this section if—

(1) The alien has, after sudden onset, a medical condition (including emergency labor and delivery) manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:

(i) Placing the patient's health in serious jeopardy;

(ii) Serious impairment to bodily functions; or

(iii) Serious dysfunction of any bodily organ or part, and

(2) The alien otherwise meets the requirements in §§ 435.406(c) and 436.406(c) of this subpart.

[55 FR 36823, Sept. 7, 1990; 56 FR 10807, Mar. 14, 1991]

§ 440.260 Methods and standards to assure quality of services.

The plan must include a description of methods and standards used to assure that services are of high quality.

§ 440.270 Religious objections.

(a) Except as specified in paragraph (b) of this section, the agency may not

require any individual to undergo any medical service, diagnosis, or treatment or to accept any other health service provided under the plan if the individual objects, or in the case of a child, a parent or guardian objects, on religious grounds.

(b) If a physical examination is necessary to establish eligibility based on disability or blindness, the agency may not find an individual eligible for Medicaid unless he undergoes the examination.

PART 441—SERVICES: REQUIREMENTS AND LIMITS APPLICABLE TO SPECIFIC SERVICES

Sec.

441.1 Purpose.

Subpart A—General Provisions

- 441.10 Basis.
- 441.11 Continuation of FFP for institutional services.
- 441.12 Inpatient hospital tests.
- 441.13 Prohibitions on FFP: Institutionalized individuals.
- 441.15 Home health services.
- 441.16 Home health agency requirements for surety bonds; Prohibition on FFP.
- 441.17 Laboratory services.
- 441.20 Family planning services.
- 441.21 Nurse-midwife services.
- 441.22 Nurse practitioner services.
- 441.25 Prohibition on FFP for certain prescribed drugs.
- 441.30 Optometric services.
- 441.35 Organ transplants.
- 441.40 End-stage renal disease.

Subpart B—Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) of Individuals Under Age 21

- 441.50 Basis and purpose.
- 441.55 State plan requirements.
- 441.56 Required activities.
- 441.57 Discretionary services.
- 441.58 Periodicity schedule.
- 441.59 Treatment of requests for EPSDT screening services.
- 441.60 Continuing care.
- 441.61 Utilization of providers and coordination with related programs.
- 441.62 Transportation and scheduling assistance.

Subpart C—Medicaid for Individuals Age 65 or Over in Institutions for Mental Diseases

- 441.100 Basis and purpose.

- 441.101 State plan requirements.
- 441.102 Plan of care for institutionalized recipients.
- 441.103 Alternate plans of care.
- 441.105 Methods of administration.
- 441.106 Comprehensive mental health program.

Subpart D—Inpatient Psychiatric Services for Individuals Under Age 21 in Psychiatric Facilities or Programs

- 441.150 Basis and purpose.
- 441.151 General requirements.
- 441.152 Certification of need for services.
- 441.153 Team certifying need for services.
- 441.154 Active treatment.
- 441.155 Individual plan of care.
- 441.156 Team developing individual plan of care.
- 441.180 Maintenance of effort: General rule.
- 441.181 Maintenance of effort: Explanation of terms and requirements.
- 441.182 Maintenance of effort: Computation.

Subpart E—Abortions

- 441.200 Basis and purpose.
- 441.201 Definition.
- 441.202 General rule.
- 441.203 Life of the mother would be endangered.
- 441.204–441.205 [Reserved]
- 441.206 Documentation needed by the Medicaid agency.
- 441.207 Drugs and devices and termination of ectopic pregnancies.
- 441.208 Recordkeeping requirements.

Subpart F—Sterilizations

- 441.250 Applicability.
- 441.251 Definitions.
- 441.252 State plan requirements.
- 441.253 Sterilization of a mentally competent individual aged 21 or older.
- 441.254 Mentally incompetent or institutionalized individuals.
- 441.255 Sterilization by hysterectomy.
- 441.256 Additional condition for Federal financial participation (FFP).
- 441.257 Informed consent.
- 441.258 Consent form requirements.
- 441.259 Review of regulations.

APPENDIX TO SUBPART F—REQUIRED CONSENT FORM

Subpart G—Home and Community-Based Services: Waiver Requirements

- 441.300 Basis and purpose.
- 441.301 Contents of request for a waiver.
- 441.302 State assurances.
- 441.303 Supporting documentation required.
- 441.304 Duration of a waiver.
- 441.305 Replacement of recipients in approved waiver programs.